

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	KW		9/12/05
RESPONSE FORMALITY REVIEW	KW		10/5/05

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral) Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	5/10/05
Original	
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Claim	Date
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**BEST AVAILABLE COPY**

If more than 150 claims or 10 actions  
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